

10 / 814606

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1	1						51			
2		1					52			
3		1					53			
4							54			
5		1					55			
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44	1						94			
45	1						95			
46	1						96			
47	1						97			
48	1						98			
49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			